

Clinical Cases.

NOTE ON A CASE OF INSANITY OF DOUBT.¹

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The form of mental disease, which has been described by some French writers as the insanity of doubt, has presented itself to my notice in a number of cases, to one of which I wish briefly to call your attention. I am not certain at all that you will find the details either novel or complete, in fact I know that they have been observable if not observed, just as I also know that I have not had the opportunity in any one case to give to it the prolonged study which it demands.

These cases are characterized by a special form of delusion which differs radically from the delusions either of grandeur or persecution. These latter incline rather to impel to action, the delusions of doubt restrain from it. The systematized delusion has something rather positive, aggressive, and self-assertive. The delusions of doubt are not so firmly fixed. They are changeable, negative, vulnerable, and confessed with timidity and mortification. They are somewhat allied to melancholic conditions, but are not characterized so much by depression of spirits (psychalgia) as by confusion and perplexity of mind, which exasperate the patient, and from which he would be only too glad to escape. He is apt to recognize perfectly the morbid character of the mental state, and will willingly take measures to counteract and cure it. Taxed with it he will even joke about it, and it might require a stretch of conscience to pronounce him a lunatic under the law. Hence it is a species of reasoning mania. Some cases hardly amount to delusions in the narrow sense; the patient does not so much believe a false thing, as he is impelled to solve innumerable problems which present themselves to his mind, and which may be as useless as they are perplexing both to himself and others, and equally imperative. They are exaggerated states of that intense impulse to solve a problem or discover a mystery which is not infrequently seen in a healthy mind, hence they are analogues, or perversions of healthy processes—as is the case always in insanity. Hence, again, they are *intellectual* in character (as is every true alienation) although this might be disputed by some in favor of an

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amorphous moral insanity (so-called), because the follies and perplexities of these cases claim a superficial attention and are not sufficiently investigated and detailed. A surface view of such a case would not reveal its essential psychic features. This particular state (doubt, perplexity) unconfessed, probably lies at the root (forming the motive) of a certain number of eccentricities and aberrations which are ascribed by some to mere perversity of moral character, and by others are attempted to be shielded under the dark but ample cloak of moral imbecility. Other cases approach nearer the systematized delusion. They present certain morbid associations of ideas, which produce luxuriantly various crops of indecision. These patients link their fate to the trivial happenings of the hour; they will be lost if some unimportant and impertinent fact obtrudes itself suddenly upon their diseased imagination; they are somewhat like the gamester who stakes his fortunes upon the interval of time which it takes for a fly to traverse a pane of glass. The vacillation of their minds becomes amusing to the ignorant, but tragic to the immediate family who suffer; while it is both vexatious and exhausting to the patient, and highly instructive to his physician. All these aberrations of the so-called "intellectual sphere" shade into one another, and into others; in fact, they form an inextricable network of error just exactly as broad as the human mind. This condition, however, is not to be confounded with confusional insanity, for these patients have their wits about them: they are not incoherent, but quite connected in their ideas and speech, as indeed is necessary in order for them to accomplish the amount of hair-splitting and wool-gathering of which they are capable. There is, however, some likeness to the imperative conception, for these patients are impelled quite irresistibly to engage in their morbid penance or dialectic gymnastics, in order often to deliver themselves from the limbo of their own thoughts. They are bound to a rock Prometheus-like; as soon as their vitals are in, they are torn out again, or, if one spirit of doubt is laid a dozen arise to take its place.

Mrs. A. B., a resident of a distant city, was brought to Philadelphia, to be placed in a hospital for the insane. During the preceding year she had shown change of character and habits, and had developed some well-marked symptoms of the *Folie du Doute*. She has exhibited this in a variety of ways. She has been known to get in and out of bed at least twenty times on retiring at night because of some morbid train of associated ideas which made her feel that she had not performed the act aright, and that unless it was done in a certain precise manner it would in some way be the cause of disaster to her, producing disease or her death before morning. So again, recently she obliged her husband to remain in her room with her, after rising, until she had put on and taken off again, innumerable times, one of her skirts, apparently from a morbid impulse of the same kind. She has ceased reading the

newspapers and visiting her friends, because she has constantly presented to her mind, when reading or conversing, some idea which is immediately taken up, and serves as the starting point for another train of perplexing thoughts. In order to be rid of these morbid promptings she is impelled to resort to little tricks repetitions, and foolish actions, which explain the erratic conduct of which she is guilty. Thus, when dressing, she obliges her husband to hold a pin for her which she must seize at just the right moment, otherwise the toilet must be made again. She has sometimes insisted upon this long-suffering husband rising in the night, going down stairs, lighting a certain gas-burner and extinguishing it again in just a certain way, because this was necessary to absolve her in some manner from some of her morbid doubts and associations, and has not been content until her husband has humored her. On his return to bed he would be subjected to a long cross-examination on the subject before sleep could come to that troubled hymeneal couch. At night, she has seen printed sentences before her eyes suggesting disagreeable and depressing subjects—but these are not true hallucinations, as she does not believe in their reality. Yet they are a suspicious symptom, and probably rudimentary in character. When this patient reached Philadelphia, her husband drove her to a hotel, instead of to an asylum, and then told her of his intention to put her in restraint. The lady protested indignantly against this, stationed herself in her room as though to resist a siege, and bade her husband and the medical profession defiance. A few hours later I was requested to visit her. She was a young woman, about 30 years of age, rather under weight for her build, of not very good color and complexion, of sound muscular system, but not well developed, and suggesting rather physical than mental impairment, and that not serious. She had refused to have a physician summoned, saying to her husband that if he brought one she would not speak to him. Accordingly when approached she threw herself on a lounge and turned her face to the wall. This was evidently not in accord with her naturally frank and communicative disposition, and when assured that no wrong or injustice would be done to her, she at once sat up, shook hands and was henceforth herself. She conducted her share of a conversation on general subjects quite rationally, and soon branched off on suggestion into her eccentricities and notions. She said that she knew perfectly that her notions were morbid, and hoped to be able to conquer them if allowed to improve her health by horse-back and out-door exercise (a not irrational idea). She was bitterly opposed to going to an asylum: said it would fasten a stigma upon her for life: and even threatened to kill herself if taken by force (this was the first time she had threatened suicide). She said that she would oppose and resist physically being taken from the hotel to an asylum. The patient was very candid and courteous to the writer, but could not be persuaded to see it to her advantage to go voluntarily to the hos-

pital. She spoke of her own infirmities as calmly and intelligently as though they were the disorders of a third person. She confessed that they annoyed and distressed her, and presented problems to her mind which she could not solve, yet she knew these were morbid and foolish. It was the opinion of the writer after prolonged conversation with this lady, that it would not only be injurious to take her to an asylum against her will, but that it would probably create a public scandal. As the case was a most important one, and as the law in Pennsylvania requires two physicians to sign a certificate (if a certificate were needed in this case), I requested that Dr. C. K. Mills should see the patient in consultation. He was accordingly summoned, and after a most thorough examination, concurred in the writer's opinion, both as to the nature of the disease and the best course to pursue. A joint written opinion was given to the husband, which he could use in future, and he was advised to take his wife home for a further trial where, if in time the case grew worse, he would be more justified in resorting to legal measures. It is important to add that this lady had an insane first-cousin; and that her father had been an excessive drinker.

The several cases which I have seen, presenting these and similar symptoms, have all probably been of the neurotic or constitutional type. These things are not accidents, but develop in the soil of character and temperament. If we look within we may, perhaps, see occasionally the little germs whence grow these formidable thickets which rob the mind of its light in other people. It is perhaps not far from the vagaries of lunacy to the soul of the philosopher, for I believe it was said of Empedocles that he threw himself into *Ætna* in order to absolve himself from the doubts and mysterious associations that obscured his mind; but the volcano threw up his golden sandals and gave no other answer. I have known a true morbid condition of mind to exist in regard to the solution of mathematical, metaphysical, scientific, historic, and philological questions. One might suppose that they could be allowed to rest awhile, and even if never solved yet never be permitted to disturb the equilibrium of a mind which has other duties, interests, and pleasures. But some spirit of unrest seems to urge the mind into a mad race: many pull up in time and are safe, but some are not so fortunate and, like the wild herds of the plain, irresistibly pushed on from behind, fall over the cliff.

It has not been the intention in this paper to attempt the formation or advocacy of a new species of mental disease, but simply to describe certain symptom-groups, which are no doubt not isolated in any one case, but would probably be found associated with other manifestations of disease in any case which was followed through a long period of time.